Introduction

This policy describes the exclusions and access criteria in respect of procedures of limited clinical priority and its application in accordance to both the clinical and administrative adherence protocols detailed in this policy.

This policy incorporates the evidence relating to clinical and cost-effectiveness.

Background

This policy has been produced by Sandwell and West Birmingham CCG as part of a harmonisation process for policies where due to the convergence of two PCTs (Sandwell PCT and Heart of Birmingham PCT), patients were being treated under two different sets of policies.

Since the Clinical Commissioning Group operates within finite budgetary constraints the policies detailed in this document makes explicit the need for Sandwell and West Birmingham CCG to prioritise resources and provide interventions with the greatest proven health gain. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.

To do this the policy provides:
The list of interventions not normally funded by Sandwell and West Birmingham CCG

The specified criteria required for the funding of certain other interventions

Please note that the policy guidance relating to these interventions should be read with reference to the principles detailed below.

The CCG explicitly recognise that for each of the interventions listed in this policy there may be exceptional clinical circumstances in which to fund these interventions. Whilst it is not feasible to consider every possible scenario within this document, they will be considered on a case by case basis to enable due consideration of the individual merits of each case. Thus, funding for interventions not normally funded and for interventions where specified criteria are not met will be considered by the CCG following application to the individual Funding Request (IFR) Panel.

This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding clinical and cost effectiveness.

Implementation

Commissioners, General Practitioners, Service Providers and Clinical Staff treating residents of Sandwell and West Birmingham CCG are expected to implement this policy. When interventions are undertaken on the basis of meeting criteria specified within the policy, this should be clearly documented within the clinical notes. Failure to do so will be considered by Sandwell and West Birmingham CCG as lack of compliance.

Patients with problems or conditions that require treatments included in this policy should only be referred to a Consultant or Specialist;

- After a clinical assessment is made by the GP, AND
- The patient meets all the criteria set out in the policy AND

GPs wishing to seek a specialist opinion for patients who meet this policy criterion should ensure that when making a referral to secondary care, the basic clinical information is included in the referral letter that assures that the patient has been assessed in line with this policy.

GPs, consultants in secondary care and provider finance departments need to be aware that the CCG will not pay for the procedures listed in this policy unless the patient meets the criteria outlined in this policy.

This is not a blanket ban. The CCG recognises there will be exceptional, individual or clinical circumstances when funding for treatments designated as low priority will be appropriate. Individual treatment requests should only occur in exceptional circumstances where the patient does not meet the core criteria. In this instance the completion of an Individual Funding Request is required.
Individual Funding Request cases where referral on the NHS is being requested should ONLY be sent to the respective NHS.net accounts:

Sandwell and West Birmingham CCG Individual Funding Request Case Manager
Floor Two, Kingston House
438 High Street
West Bromwich
West Midlands
B70 9LD
Telephone: 0121 612 1600
Email: ifr.swb@nhs.net

Monitoring

It is envisaged that this policy will be subject to continued monitoring using a mix of the following approaches:

- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

Definitions

**Exceptional clinical circumstances** refers to a patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a patient within the normal population of patients with the same medical condition and at the same stage of progression as the patient.

There can be no exhaustive definition of the conditions which may potentially fall within the definition of an exceptional case. The word “exception” means “a person, thing or case to which the general rule is not applicable”. The following criteria, however, are indicative of the presence or absence of exceptionality in the present context:

- To be an exception, there must be unusual or unique clinical factors about the patient that suggest that he or she is:
  I. Significantly different from the wider group of patients with the same condition; or
  II. Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the same condition.

- The fact that a treatment is likely to be effective for a patient is not, in itself, a sufficient basis for establishing an exception.

- If a patient’s clinical condition matches the ‘accepted indications’ for a treatment, but the treatment is not funded, then the patient’s circumstances are not, by definition, exceptional.
It is for the requesting clinician (or patient) to make the case for exceptional circumstances.

Social value judgments are rarely relevant to the consideration of exceptional status.

An **Individual Funding Request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks funding for a single identified patient for a specific treatment.

Contents

Routine Ear Irrigation ........................................................................................................... 7
Carpal Tunnel .......................................................................................................................... 8
Arthroscopy of the Knee Joint .............................................................................................. 10
Joint injections (Non Spinal) ............................................................................................... 12
Anal Skin Tags ..................................................................................................................... 14
Reversal of male Sterilisation ............................................................................................. 16
Reversal of female Sterilisation ........................................................................................... 17
Laser Surgery for Short – Sightedness (Myopia) ................................................................. 18
Botulinum Toxin Type A for Spasticity ............................................................................. 19
Complementary Therapies ................................................................................................. 22
Extracorporeal Shockwave Therapy for Refractory Plantar Fasciitis ............................. 24
Extracorporeal Shockwave Therapy for Refractory Achilles Tendinopathy .................. 26
Inpatient Cognitive Behavioural Therapy Residential Placements for Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis (ME) ................................................................................. 27
Dupuytren’s Contracture ..................................................................................................... 29
Skin hypo pigmentation ..................................................................................................... 31
Procedures of Limited Clinical Value
Commissioning Policy

Routine Ear Irrigation

Version: 1
Date: March 2013

Summary

Sandwell and West Birmingham CCG do not fund routine ear irrigation in a secondary care setting.

1. Background

1.1 Ear irrigation is undertaken for the purpose of removing wax from the external auditory meatus where this is thought to be causing a hearing deficit and/or discomfort, or restricts vision of the tympanic membrane preventing examination, in the adult patient

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CGG is the responsible commissioner.

2.2 Routine ear syringing is not a procedure normally carried out in a secondary care setting.

2.3 Treatment should be delivered in primary care prior to referral to secondary care.

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.
Procedures of Limited Clinical Value
Commissioning Policy

Carpal Tunnel

Version:    1
Date:         February 2013

Summary

Sandwell and West Birmingham CCG do not usually fund carpal tunnel surgery for patients with intermittent or mild to moderate symptoms unless conservative treatment has been tried and failed during a period of more than 3 months.

1.  Background

1.1 Carpal tunnel syndrome is a relatively common condition that affects the nerves of the hand causing pain, numbness and a burning or tingling sensation in the hand and fingers. Symptoms can be intermittent, and range from mild to severe. Patients typically present with nocturnal dysaesthesia in the hand, which wears off with activity. If considered necessary to aid diagnosis, orthopaedic specialists may undertake nerve conduction studies/electromyography.

1.2 It is estimated that up to 5% of women and 3% of men have carpal tunnel syndrome. Most cases are in people aged 45-64 years. Carpal tunnel syndrome is also common in pregnant women, possibly due to fluid retention. The likely prognosis of carpal tunnel syndrome seems to depend on the severity of symptoms.

1.3 A trial of conservative therapy offers the opportunity to avoid surgery for some patients. Corticosteroid injections and nocturnal splinting are effective conservative therapies, offering short-term benefit (at least 1-3 months in more than 50% of patients). Many patients’ symptoms may resolve for at least a year after conservative treatment. Patients should not normally be referred for carpal tunnel syndrome unless they have been managed using conservative treatment for 6 months.

1.4 There is uncertainty about whether one or two corticosteroid injections should be given, but there is a lack of evidence for more than two injections.

1.5 Electro-diagnostic tests are not indicated in the diagnosis of classical carpal tunnel syndrome. These may be done where there is doubt about the diagnosis, which is uncommon.

1.6 Surgery is better than conservative therapy with patients who fail to respond to conservative treatment and with advanced/severe symptoms. Up to 90% of patients reporting complete or much improvement at 18 months.

1.7 The evidence supports the effectiveness of some conservative therapies including injection and wrist splinting.
1.6.1 Local corticosteroid injection in relieving symptoms, but effectiveness after one month and to 12 months appears to decrease.

1.6.2 Local injection is more effective than oral steroids.

1.6.3 After the initial period of effectiveness of conservative treatment surgery becomes more effective at treating continuing symptoms.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CGG is the responsible commissioner.

2.2 Surgical treatment for carpal tunnel syndrome can be made where patients meet all of the following criteria

- Symptoms persisting longer than three months despite conservative treatment (by injection and/or wrist splint)
- Positive clinical signs OR positive nerve conduction studies

2.3 It is appropriate to proceed straight to decompression surgery if severe symptoms are present at presentation i.e. constant numbness or pain, wasting or weakness of the thumb muscles.

3. Implementation

3.1 The implementation of this policy will be monitored as per the agreed process defined within the acute services contract.

4. Procedures Covered by the Policy

<table>
<thead>
<tr>
<th>Primary Operative Procedure</th>
<th>Primary Operative Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A651</td>
<td>Carpal Tunnel Release</td>
</tr>
<tr>
<td>T522</td>
<td>Revision of palmar Fasciectomy</td>
</tr>
<tr>
<td>A658</td>
<td>Other Specified</td>
</tr>
<tr>
<td>A659</td>
<td>Unspecified</td>
</tr>
</tbody>
</table>
Procedures of Limited Clinical Value Commissioning Policy

Arthroscopy of the Knee Joint

Version: 1
Date: February 2013

Summary

Sandwell and West Birmingham CCG does not usually fund arthroscopy of the knee joint unless patients meet the criteria set out in the policy below.

1. Background

1.1 Arthroscopy is a surgical procedure for inspection and treatment of problems arising in the knee joint.

1.2 It has been used extensively in the past to diagnose knee problems but this is no longer appropriate due to the invasive nature of the procedure and the increasing access to less invasive diagnostic methods.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Sandwell and West Birmingham CCG will fund arthroscopy of the knee only for one of the following indications:

- Removal of loose body
- Repair of resection of meniscal tear
- Reconstruction or repair of ligament
- Synovectomy
- Urgent clinical circumstances such as infection, carcinoma, nerve root impingement, bony fracture, avascular necrosis.

2.3 Sandwell and West Birmingham CCG will not fund arthroscopy of the knee for the investigation of knee pain, with an expectation that less invasive MRI scanning should be used. The only exception is when there is diagnostic uncertainty following a MRI scan.

2.4 Arthroscopy only pursued if clinical examination by a consultant specialist or an MRI scan has demonstrated clear evidence of an internal joint derangement (meniscal tear, ligament rupture or loose body) and where conservative treatment has failed or where it is clear that conservative treatment will not be effective.

2.4 Sandwell and West Birmingham CCG will not usually fund arthroscopic washout for the treatment of osteoarthritis.
3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.

4. Procedures Covered by the Policy

<table>
<thead>
<tr>
<th>OPDS Code (One of)</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB73</td>
<td>Diagnostic endoscopic examination of knee joint</td>
<td>Diagnostic endoscopic examination of knee joint and biopsy</td>
</tr>
<tr>
<td>WB79</td>
<td>Diagnostic endoscopic examination of knee joint</td>
<td>Other specified</td>
</tr>
<tr>
<td>WB79</td>
<td>Diagnostic endoscopic examination of knee joint</td>
<td>Unspecified</td>
</tr>
</tbody>
</table>
Procedures of Limited Clinical Value
Commissioning Policy

Joint injections (Non Spinal)

Version: 2
Date: November 2013

Summary

Sandwell and West Birmingham CCG will fund non spinal joint injections for patients aged 19 and over. There is a separate policy for the funding of spinal injections.

1. Policy

1.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

1.2 Non spinal joint injections in adults do not need to be done in a sterile theatre unless general anaesthetic or an image intensifier is required.

1.3 They will normally be funded as a primary care procedure carried out through a local DES or LES.

1.4 This policy statement relates only to adults (i.e. aged 19 and over), as it is recognised that children often require joint injections under general anaesthesia.
Procedures of Limited Clinical Value
Commissioning Policy

Anal Skin Tags

Version: 1
Date: February 2013

Summary

Sandwell and West Birmingham CCG do not usually fund surgery for the removal of anal skin tags unless patients meet the criteria set out in the policy below.

1. Background

1.1 Anal skin tags are extra skin that hangs from the peri anal area.
1.2 Anal skin tags can be a nuisance, itchy and uncomfortable.
1.3 They may coexist with other anal conditions such as haemorrhoids or anal fissure though skin tags do not normally need to be removed.
1.4 When coexisting with other conditions those conditions should be treated on merit.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Sandwell and West Birmingham CCG will not routinely fund this procedure unless the following criterion is met:

   • Suspicion/risk of malignancy
   • Where there are underlying pathologies such as inflammatory bowel disease

2.3 Referral for non-urgent assessment and treatment

2.3.1 This policy supports referral where there are underlying pathologies such as inflammatory bowel disease

2.3.2 This policy supports the commissioning of surgery for patients with anal skin tags where this forms part of the treatment of an underlying pathology such as inflammatory bowel disease.

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for
your trust should be followed.

4. Procedures Covered by the Policy

<table>
<thead>
<tr>
<th>Primary Operative Procedure</th>
<th>Primary Operative Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H482</td>
<td>Excision of skin tag of anus</td>
</tr>
<tr>
<td>H488</td>
<td>Other specified</td>
</tr>
<tr>
<td>H489</td>
<td>Unspecified</td>
</tr>
</tbody>
</table>
Procedures of Limited Clinical Value
Commissioning Policy

Reversal of male Sterilisation

Version: 1
Date: March 2013

Summary

Sandwell and West Birmingham CCG do not fund the reversal of male sterilisation.

1. Background

1.1 Reversal of male sterilisation is a surgical procedure that involves the reconstruction of the vas deferens.

1.2 Sterilisation procedures are available on the NHS and couples seeking sterilisation should be fully advised and counselled that the procedure is intended to be permanent.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Sandwell and West Birmingham CCG will not normally fund the reversal of male sterilisation.

2.3 Male sterilisation is provided by the NHS as an irreversible procedure. This should be made clear to patients at referral and prior to treatment.

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.
Procedures of Limited Clinical Value  
Commissioning Policy  
Reversal of female Sterilisation

Version: 1  
Date: March 2013

Summary

Sandwell and West Birmingham CCG do not fund the reversal of female sterilisation.

1. Background

1.1 Reversal of sterilisation is a surgical procedure that involves the reconstruction of the fallopian tubes.

1.2 One study of 85 women concluded that reversal of sterilisation is a safe and effective method of restoring fertility.

1.3 Sterilisation procedures are available on the NHS and couples seeking sterilisation should be fully advised and counselled (in accordance with RCOG guidelines) that the procedure is intended to be permanent.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Sandwell and West Birmingham CCG will not normally fund the reversal of female sterilisation.

2.3 Female sterilisation is provided by the NHS as an irreversible procedure. This should be made clear to patients at referral and prior to treatment.

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.
Procedures of Limited Clinical Value
Commissioning Policy

Laser Surgery for Short – Sightedness (Myopia)

Version: 1
Date: March 2013

Summary

Sandwell and West Birmingham CCG do not normally fund laser surgery for correction of short sight (myopia).

1. Background

1.1 Current evidence suggests that photorefractive (laser) surgery for the correction of refractive errors is safe and efficacious in appropriately selected patients.

1.2 Refractive errors are usually corrected by wearing spectacles or contact lenses, and these treatments are currently not available on the NHS.

1.3 Both have limitations and contact lens wear is associated with an increased risk of sight-threatening corneal infection.

1.4 Surgical treatments have been developed to permanently improve refraction by re-shaping the cornea.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Sandwell and West Birmingham CCG will not normally fund laser surgery for correction of short sight (myopia)

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.
Summary

Sandwell and West Birmingham CCG will only fund Botulinum toxin type A when medically necessary for spasticity, when patients meet the criteria set out in the policy below.

Sandwell and West Birmingham CCG will not fund Botulinum Toxin Type A for cosmetic reasons.

1. Background

1.1 Spasticity is a significant feature of an upper motor neurone syndrome, which occurs quite commonly in many neurological conditions like stroke, multiple sclerosis, brain injury, cerebral palsy etc.

1.2 It can lead to disabling complications like contractures and pressures sores, which in turn places a huge burden on the patient, family, social services and the NHS, (£10,551 for one pressure sore).

1.3 Prompt and effective management of spasticity by a multi-modal, multi-agency approach co-ordinated by an interdisciplinary team can prevent these complications.

1.4 It is estimated that approximately one-third of stroke patients (van Kuijk et al 2007; Watkins et al 2002), 60% of patients with severe multiple sclerosis (MS) and 75% of patients with physical disability following severe traumatic brain injury will develop spasticity requiring specific treatment.

1.5 Of these, approximately one-third may require treatment with Botulinum Toxin injections. (Verplanckel et al 2005).

1.6 BTA has been used for Management of spasticity since 1989 and its use is further recommended in the UK National Guidelines 2009.

1.7 Effective management of spasticity using Botulinum Toxin injections can lead to benefits-

- at impairment level: reduce pain; prevent pressure sores and contractures; improved seating etc.
- at activity level: improved mobility; increase in an ability to use limbs for function like feeding, dressing, grooming; reduce carer burden and
- at participation level: improve self-esteem and self image; facilitate social interaction etc.
1.7.1 This should be supplemented by:

- Use of other pharmacological agents: oral anti-spasticity agents like baclofen, tizanidine etc, phenol nerve blockade
- Non-pharmacological interventions including effective management of noxious stimuli like constipation, bladder and skin issues
- Post injection goal-oriented therapy input and
- Liaising with and incorporating the support of allied agencies like Orthotics, Wheelchair services, Social Services etc.

1.8 The clinical benefit can persist for many months (particularly when accompanied by an appropriate physical management regimen) but wears off gradually. Repeat injections generally follow a similar course.

1.9 Experience in other neurological conditions has demonstrated that spasticity in adults may become biologically resistant to BTA as a result of antibody formation, especially with frequent, large dose injections (Greene and Fahn 1992, 1993; Hambleton and Moore 1995).

1.10 This has led to the general advice to avoid repeated injection at less than three month intervals.

1.11 Although secondary non-response is theoretically an issue for the use of BTA in spasticity, it is rarely reported in practice. This may be because spasticity is often self-limiting in the course of natural recovery, e.g. following stroke or brain injury, so that long-term repeated injections are required for only a minority of patients.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CGG is the responsible commissioner.

2.2 Sandwell and West Birmingham CGG will only fund Botulinum toxin type A when medically necessary for spasticity when all of the following criteria are met:

- Spasticity due to a diagnosed neurological condition:
  - Stroke
  - Multiple Sclerosis [MS]
  - Acquired Brain Injury- Traumatic and Non-Traumatic
  - Acquired Spinal Injury: Traumatic and Non-traumatic
  - Motor Neurone Disease [MND]
  - Parkinson’s disease
  - Miscellaneous condition

- Spasticity not responding to physical therapy and oral anti-spasticity agents
- Focal spasticity and not generalised spasticity [therefore not needing systemic oral agents]
- To improve function in upper and lower limbs
- To facilitate therapy/ splinting/orthotics/positioning
- To facilitate carer input/ reduce carer burden
• To prevent severe complications which require expensive interventions like pressure sores, contractures etc
• Reduce severe pain from spasticity in spite of optimal treatment with different pharmacological agents, positioning etc

2.3 Botulinum Toxin Type A (BTA) will not be funded for cosmetic reasons.

2.4 BTA is contraindicated in patients who are hypersensitive to any botulinum toxin reparation or to any components in the formulation

2.5 Infection at the Injection Site(s) BTA is contraindicated in the presence of infection at the proposed injection site(s)

Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed
Procedures of Limited Clinical Value
Commissioning Policy

Complementary Therapies

Summary

Sandwell and West Birmingham CCG will not normally fund the complementary therapies listed in this policy.

1. Background

1.1 Complementary and alternative therapy covers a wide range of therapies some of which lack evidence of effectiveness and are not supported by CCG funding.

1.2 There is no national policy for the use of complementary and alternative therapies.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Sandwell and West Birmingham CCG will not normally fund the following:

<table>
<thead>
<tr>
<th>Active release technique</th>
<th>Flower essence</th>
<th>Mesotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>Fresh cell therapy</td>
<td>Mistletoe therapy</td>
</tr>
<tr>
<td>Aimspro</td>
<td>Functional intracellular analysis</td>
<td>Moxibustion (except for fetal breech presentation) - see MTH-68 vaccine</td>
</tr>
<tr>
<td>AMMA therapy</td>
<td>Gemstone therapy</td>
<td>Music therapy</td>
</tr>
<tr>
<td>Antineoplastons</td>
<td>Gerson therapy</td>
<td>Myotherapy Neural therapy</td>
</tr>
<tr>
<td>Antineoplaston therapy and sodium Phenylbutyrate</td>
<td>Glyconutrients</td>
<td>Ozone therapy</td>
</tr>
<tr>
<td>Apitherapy</td>
<td>Graston technique</td>
<td>Pfrimmer deep muscle therapy</td>
</tr>
<tr>
<td>Applied kinesiology</td>
<td>Greek cancer cure; Guided imagery</td>
<td>Polarity therapy</td>
</tr>
<tr>
<td>Art therapy</td>
<td>Hair analysis</td>
<td>(Poon's) Chinese blood cleaning</td>
</tr>
<tr>
<td>Auto urine therapy</td>
<td>Hako-Med machine (electromedical horizontal therapy)</td>
<td>Primal therapy</td>
</tr>
<tr>
<td>Bioenergetic therapy</td>
<td>Hellerwork</td>
<td>Psychodrama</td>
</tr>
<tr>
<td>Biofield Cancell (Entelev) cancer therapy</td>
<td>Homeopathy</td>
<td>Purging</td>
</tr>
<tr>
<td>Bioidentical hormones</td>
<td>Hoxsey method</td>
<td>Qigong longevity exercises</td>
</tr>
<tr>
<td>Carbon dioxide therapy</td>
<td>Humor therapy</td>
<td>Ream's testing</td>
</tr>
<tr>
<td>Cellular therapy</td>
<td>Hydrazine sulphate</td>
<td>Reflexology (zone therapy)</td>
</tr>
<tr>
<td>Chelation therapy for</td>
<td>Hypnosis</td>
<td>Reflex Therapy</td>
</tr>
<tr>
<td><strong>Atherosclerosis</strong></td>
<td><strong>Chung Moo Doe therapy</strong></td>
<td><strong>Hyperoxygen therapy</strong></td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Coley's toxin</strong></td>
<td><strong>Immunoaugmentive therapy</strong></td>
<td><strong>Remedial massage</strong></td>
</tr>
<tr>
<td><strong>Colonic irrigation</strong></td>
<td><strong>Infratronic Qi-Gong machine</strong></td>
<td><strong>Revici's guided chemotherapy</strong></td>
</tr>
<tr>
<td><strong>Conceptual mind-body techniques</strong></td>
<td><strong>Insulin potentiation therapy</strong></td>
<td><strong>Rolling (structural integration)</strong></td>
</tr>
<tr>
<td><strong>Craniosacral therapy</strong></td>
<td><strong>Inversion therapy</strong></td>
<td><strong>Rubenfeld synergy method (RSM); 714-X (for cancer)</strong></td>
</tr>
<tr>
<td><strong>Cupping</strong></td>
<td><strong>Iridology</strong></td>
<td><strong>Sarapin injections</strong></td>
</tr>
<tr>
<td><strong>Dance/Movement therapy</strong></td>
<td><strong>Iscador</strong></td>
<td><strong>Shark cartilage products</strong></td>
</tr>
<tr>
<td><strong>Digital myography</strong></td>
<td><strong>Kelley/Gonzales therapy</strong></td>
<td><strong>Therapeutic Eurythmy-movement therapy</strong></td>
</tr>
<tr>
<td><strong>Ear Candling</strong></td>
<td><strong>Laetrile</strong></td>
<td><strong>Therapeutic touch</strong></td>
</tr>
<tr>
<td><strong>Egoscue method</strong></td>
<td><strong>Live blood cell analysis</strong></td>
<td><strong>Thought field therapy (TFT) (Callahan Techniques Training)</strong></td>
</tr>
<tr>
<td><strong>Electrodiagnosis according to Voll (EAV)</strong></td>
<td><strong>Macrobiotic diet</strong></td>
<td><strong>Trager approach</strong></td>
</tr>
<tr>
<td><strong>Equestrian therapy</strong></td>
<td><strong>Magnet therapy</strong></td>
<td><strong>Visceral manipulation therapy</strong></td>
</tr>
<tr>
<td><strong>Essential Metabolics Analysis (EMA)</strong></td>
<td><strong>Meditation/transcendental meditation</strong></td>
<td><strong>Whitcomb technique</strong></td>
</tr>
<tr>
<td><strong>Essiac</strong></td>
<td><strong>Megavitamin therapy</strong></td>
<td><strong>Wurn technique/clear passage therapy</strong></td>
</tr>
<tr>
<td><strong>Feldenkrais method of exercise therapy</strong></td>
<td><strong>Meridian therapy</strong></td>
<td><strong>Yoga</strong></td>
</tr>
</tbody>
</table>

### 3. Implementation

3.1 The agreed implementation process defined within the acute services contract for your trust should be followed.
Procedures of Limited Clinical Value
Commissioning Policy

Extracorporeal Shockwave Therapy for Refractory Plantar Fasciitis

Version: 1
Date: March 2013

Summary

Sandwell and West Birmingham CCG will not normally fund extracorporeal shockwave therapy for refractory plantar fasciitis.

1. Background

1.1 Plantar fasciitis is characterised by chronic degeneration of the plantar fascia, which causes pain on the underside of the heel.

1.2 It is usually caused by injury or biomechanical abnormalities and may be associated with microtears, inflammation or fibrosis.

1.3 Conservative treatments include rest, application of ice, analgesic medication, non-steroidal anti-inflammatory drugs, orthotic devices, physiotherapy, eccentric training/stretching and corticosteroid injection.

1.4 Extracorporeal shockwave therapy (ESWT) is a non-invasive treatment in which a device is used to pass acoustic shockwaves through the skin to the affected area.

1.5 Ultrasound guidance can be used to assist with positioning of the device.

1.6 Extracorporeal shockwave therapy may be applied in one or several sessions.

1.7 Local anaesthesia may be used because high-energy ESWT can be painful.

1.8 Different energies can be used and there is evidence that local anaesthesia may influence the outcome of ESWT.

1.9 The evidence on extracorporeal shockwave therapy (ESWT) for refractory plantar fasciitis raises no major safety concerns; however, current evidence on its efficacy is inconsistent.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Sandwell and West Birmingham CCG will not normally fund extracorporeal
shockwave therapy for refractory plantar fasciitis

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.
Summary

Sandwell and West Birmingham CCG will not normally fund extracorporeal shockwave therapy for refractory achilles tendinopathy

1. Background

1.1 Achilles tendinopathy is characterised by chronic degeneration of the Achilles tendon and is usually caused by injury or overuse.

1.2 Symptoms include pain, swelling, weakness and stiffness over the Achilles tendon and tenderness over the heel (insertional tendinopathy).

1.3 Conservative treatments include rest, application of ice, non-steroidal anti-inflammatory drugs, orthotic devices, physiotherapy (including eccentric loading exercises) and corticosteroid injection.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Sandwell and West Birmingham CCG will not normally fund extracorporeal shockwave therapy for refractory achilles tendinopathy

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.
Procedures of Limited Clinical Value
Commissioning Policy

Inpatient Cognitive Behavioural Therapy Residential Placements for
Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis (ME)

Version: 1
Date: March 2013

Summary

Sandwell and West Birmingham CCG will not normally fund Cognitive Behavioural Therapy Residential Placements for Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME)

1. Background

1.1 Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) comprises a range of symptoms including fatigue, headache, sleep disturbance, difficulty in concentration and muscle pain. An individual’s symptoms may vary in severity and there is variation between patients.

1.2 Although many patients improve over time, others do not.

1.3 The cause of CFS/ME is unknown. Many different interventions for CFS/ME have been investigated in clinical trials of varying quality. There is increasing evidence from good quality trials to support CBT and/or GET in the management of CFS/ME.

1.4 CBT with or without GET is more effective than standard medical care and does not appear to be more expensive. There is evidence for effectiveness in both adults and children.

1.5 There is currently insufficient evidence to support any other intervention in terms of clinical or cost effectiveness. This includes immunological treatments, anti-viral therapy, pharmacological treatments, dietary supplements, complementary or alternative medicine, multi-treatment regimes, buddy-mentor schemes, group therapy and ‘low sugar low yeast’ diets.

1.6 There is currently no evidence relating to patients with severe CFS/ME (who are house or bed-bound).

1.7 There is currently no evidence to support the use of in-patient or residential settings to deliver effective interventions for CFS/ME. There is currently no evidence to suggest that any group or sub-group of patients with CFS/ME will benefit particularly from any specific intervention or that patients who have failed to improve on one intervention may do better on another.
2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CGG is the responsible commissioner.

2.2 Sandwell and West Birmingham CGG will not normally fund cognitive Behavioural Therapy (Residential Placements) for chronic fatigue syndrome.

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.
Procedures of Limited Clinical Value
Commissioning Policy

Dupuytren’s Contracture

Version: 1
Date: February 2013

Summary

Sandwell and West Birmingham CCG do not usually fund surgery for Dupuytren’s Contracture unless patients meet the criteria set out in the policy below.

1. Background

1.1 Dupuytren’s contracture is a fairly common condition that causes one or more fingers to bend into the palm of the hand. The condition often occurs in later life, and is most common in men who are aged over 40. Around one in six men over the age of 65 are affected in the UK.

1.2 The symptoms of Dupuytren’s contracture are often mild and painless and do not require treatment.

1.3 The condition most often starts with a firm nodule in the skin of the palm and may stay the same for months or years.

1.4 In some patients, however, it may progress to the next stage in which cords of fibrous tissue form in the palm and run into the fingers or thumb, eventually, pulling them into a permanently flexed position, making it difficult to perform activities of daily living.

1.5 In about 50% of cases the condition affects both hands, and in rare cases it can also affect the soles and toes of the feet.

1.6 Although there is great variation in the rate of progress, it is usually possible to distinguish the more aggressive form of the disease early on.

1.7 Surgery is the only effective method of treatment for Dupuytren’s contracture.

1.8 However, patients should be advised that probably 40% of people will have a recurrence following surgery. Dupuytren’s contracture can return to the same spot on the hand or may reappear somewhere else.

1.9 Recurrence is more likely in younger patients; if the original contracture was severe; or if there is a strong family history of the condition.

2. Eligibility Criteria

2.1 This policy applies to any patient for whom Sandwell and West Birmingham CCG is the responsible commissioner.

2.2 Treatment is usually considered a treatment of lower clinical value and is not
routinely funded unless the patient meets the following criteria:

Moderate to severe disease with:
• moderate metacarpo-phalangeal joint contracture (greater than 30 degrees).
• any proximal inter-phalangeal joint contracture.
• first web contracture

2.3 Treatment for Dupuytren’s contracture can be made where patients meet either of the following criteria:

• moderate metacarpo-phalangeal joint contracture (greater than 30 degrees).
• any proximal inter-phalangeal joint contracture.
• first web contracture

2.4 The above eligibility criteria is in line with the BSSH - The British Society for Surgery of the Hand - Evidence for Surgical Treatment Dupuytren’s Disease. 
http://www.bssh.ac.uk/education/guidelines/dd_guidelines.pdf

3. Implementation

3.1 Emergency care patients and patients with suspected cancer are excluded. No request for treatment in these circumstances is required but the provider will be expected to demonstrate the clinical need as part of the payment verification process.

3.2 The agreed implementation process defined within the acute services contract for your trust should be followed.

4. Procedures Covered by the Policy

<table>
<thead>
<tr>
<th>Primary Operative Procedure</th>
<th>Primary Operative Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T521</td>
<td>Palmar fasciectomy</td>
</tr>
<tr>
<td>Policy Statement</td>
<td>Cosmetic interventions will not be normally funded. The recommended NHS suitable treatment for hypo-pigmentation is Cosmetic Camouflage.</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Minimum Eligibility Criteria</td>
<td>Access to a qualified camouflage beautician should be available on the NHS for this and other skin conditions requiring camouflage.</td>
</tr>
</tbody>
</table>